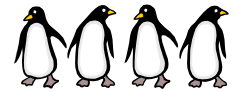


Silver Spring Civic Building **APPLICATION**
Montgomery County Office of Community Use of Public Facilities

Please Print



To be completed by staff: Form No. _____ Date Received _____ Rental # _____

Name of Responsible Person (Applicant) _____ New User? ☐ Yes ☐ No

Phone (H) _____ (W) _____ (C) _____

Fax # _____ E-mail Address _____

Address of Responsible Person _____

Organization Sponsoring Event (if applicable) _____ Non-Profit? ☐ Yes ☐ No

Address of Organization (physical address required with PO Boxes)

Is this event: ☐ Fundraiser ☐ Personal or other Celebration/Ceremony ☐ Meeting/Conference ☐ Class/Instructional
☐ Business Activity ☐ Performance/Dance ☐ Show or Exhibit ☐ Other _____

Describe planned activity _____

Will money or participant fees be collected? ☐ Yes ☐ No Is bingo or game of chance planned? ☐ Yes ☐ No

Who benefits from this event: ☐ Non-Profit organization ☐ Community ☐ Personal ☐ Business ☐ Other _____

Are you advertising this event? ☐ Yes ☐ No How? ☐ Flier ☐ Invitation only ☐ Other _____

Will event include music/performance? ☐ DJ ☐ Live Band ☐ Recorded ☐ Other _____

Will the event include special lighting, sound effects, props or equipment? ☐ No ☐ Yes

Will food be served? ☐ Yes ☐ No Type: ☐ Self-prepared ☐ Catered Will alcohol be served? ☐ Yes ☐ No

Note: Applicants planning special events are required to attend an event planning meeting.

Room* & Equipment	Date(s)	Begin Time	End Time	Planned use of room & set up requested	Room Preference (full/half or specific room)	Number of Participants	
						Youth	Adults
Great Hall							
Atrium							
Activity Room							
Conference Room							
Warming Kitchen							
Courtyard							
Veterans Plaza							
Riser (small stage)							
AV System							

*Descriptions of rooms are available at www.montgomerycountymd.gov/cupf/SSCB

Describe equipment or any special needs _____

I have read the Community Use of Public Facilities User's Responsibility Agreement and agree to abide by the conditions of the Agreement. It is understood that the County is hereby expressly released and discharged from any and all liability for any loss, injury, or damage to persons or property which may be sustained by reason of this event. I understand that I may be required to provide a certificate of insurance that satisfies the requirements specified in the User's Responsibility Agreement before the date of the event for which this Application is being submitted. I understand the cancellation policy for special events and other requirements that may apply to my request. Application is not valid until all authorizations have been obtained. Photo ID required with application. Certification of non-profit status may be required.

Responsible Person's Signature _____ Date _____



Montgomery County Interagency Coordinating Board for the Community Use of Public Facilities
600 Jefferson Plaza, Suite 300, Rockville, Maryland 20852 www.montgomerycountymd.gov/cupf

